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P1U/SS/22 (10-00)
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U.S. Palent and Tradement Office; U.S. DEPARTMENT OF COMMERCE
to a collection of Information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional)					
	In re Application of: M	uller			
	Application Number 0	9/933,315	Filed	8/20/2001	
			·		
	Group Art Unit	•	miner	DECEMEN	
This is a request under the provisions o	2872 of 37 CFR 1.136(a) to exte		varias r filino a	CENTRAL FAY CENTED	
reply in the above Identified application.					
The requested extension and appropriate non-small-entity fee are as follows JUL 1 3 2004					
(check time period desired):				† 440.00	
	One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2))		\$ <u>110.00</u> \$ 420.00		
			\$ <u></u>		
[17]	Four months (37 CFR 1.17(a)(4))		\$ <u>1,480.00</u>		
Five months (37 CFR 1.17(a)(5))			\$ 2.010.00		
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown					
above is reduced by one-half, and the resulting fee is: \$					
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2038 is attached.					
The Commissioner has already been authorized to charge fees in this application to a Deposit Account.					
The Commissioner is hereby authorized to charge any fees and fee deficiencies which may be required, or credit any overpayment, to Deposit Account Number 502569. I have enclosed a duplicate copy of this sheet.					
I am the applicant/inventor					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record.					
attorney or agent under 37 CFR 1.34(a).					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
Date Signature Signature			<u> </u>		
			G. McGi r printed	name	
NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Total of forms are submit	und				
Burden Hour Statement: This form is estimated to tai the amount of time you are required to compilete this		with qubbingues ribbin gro	ngodz <u>ef</u> th	p individual ossa. Any commonts on	
into amount of time you are required to complete this 1 20231. DO NOT SEND FEES OR COMPLETED FOR	orm enould be sent to the Chief bifor RAS TO THIS ADDRESS, SEND TO I	mation Officer, U.S. Pal 2: Assistant Commissio	ent and Trac oner for Pete	ternank Office, Washington, DC rds, Washington, DC 20231.	

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